



VENDOR INVOICE

Attach Supporting Documentation and **CONTRACT** form
Prepared by **Finance Section**
Payment to be made to **Vendor**

Request # M

Mission #

Event Name:

Vendor Information

| | | |
|-----------------------------|-----------------------|----------------------|
| Federal ID Number | Vendor Contact Person | Vendor Phone Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Vendor <input type="text"/> | | |
| Vendor Mailing Address | City | Zip |

Service Information

Briefly describe product or service:
Attach "CONTRACT" form.

Date and Place where Service was Provided:

Billing Amount: Invoice Number:

Fire Agency Information

| | | |
|---------------------------|---|------------------------------|
| Federal ID Number | Person Responsible For Receiving Service | Phone Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fire Agency | Fire District # <input type="text"/> | |
| Mailing Address | City | Zip |
| Finance Section Signature | Date | Home Agency & Request Number |

MOBILIZATION VENDOR INVOICE